Washington, DC 20549 FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



05001449 nours per response....

SEC 1972(2·97)

SEC Use Only								
Prefix	Serial							
DATE RECEIVED								

Name of Offering (check if this SVC Hillcrest Medical Cente			licate change	f30.	1798
Filing Under (Check box(es) that ap Type of Filing: New Filing		Rule 505	⊠ Rule 50	06 Section 4(6)	ULOE
	A. BASIC IDE	NTIFICATION	DATA		
1. Enter the information requeste	d about the issuer				
	is an amendment and name	has changed, and inc	dicate change	9.)	
Address of Executive Offices (Numb 100 Century Center Court, S				'elephone number (inclu 408) 392-0072	ding area code)
Address of Principal Business Opera (if different from Executive Offices)	tions (Number and Street, Ci	ity, State, Zip Code)	Т	Celephone number (inclu	ding area code)
Brief Description of Business Own a medical office building	g in Tulsa, Oklahoma				
Type of Business Organization corporation business trust	☐ limited partnership, al		[2	other (please specify) imited Liability Compa	Delaware
Actual or Estimated Date of Incorpo Jurisdiction of Incorporation or Orga	anization: (Enter two-letter U	Month Year O 6 0 4 J.S. Postal Service al	1 🛭 Act		Jan 24 2005 Sthomson Financial
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making a 230.501, et seq., or 15 U.S.C. 77d(6). When To File: A notice must be filed U.S. Securities and Exchange Comm received at that address after the da address. Where To File: U.S. Securities and I. Copies Required: Five (5) copies of the signed must be photocopies of the m Information Required: A new filing offering, any changes thereto, the in Parts A and B. Part E and the Apper Filing Fee: There is no federal filing State: This notice shall be used to indicate have adopted ULOE and that have a Administrator in each state where s for the exemption, a fee in the prope with state law. The Appendix to the	I no later than 15 days after thission (SEC) on the earlier of the on which it is due, on the decrease Commission, 450 Finds is notice must be filed with the anually signed copy or bear the must contain all information formation requested in Part Condix need not be filed with the fee. The contains a company the company the remaining the company the company the company the company the containing	he first sale of securif the date it is received late it was mailed by lifth Street, N.W., Washe SEC, one of which yped or printed signar requested. Amendment of the SEC. Intel Offering Exempted lying on ULOE must lade. If a state requisits form. This notice	ities in the of ed by the SE United Stat ashington, D. h must be ma atures. hents need or changes from tion (ULOE) file a separa ires the payn shall be filed	fering. A notice is deem C at the address given be es registered or certified C. 20549. Anually signed. Any copically report the name of the the information previous for sales of securities in the notice with the Securities in the appropriate states.	ed filed with the elow or, if I mail to that ies not manually the issuer and all subject of the second in those states that ities lition to the claim
	*	ENTION			
Failure to file notice in the ay to file the appropriate federa					
exemption is predicated upor				c chempuon umess) Bucii
Potential persons who are to re			n this form		

are not required to respond unless the form displays a currently valid **OMB** control number.

A. BASIC IDENTIFICATION DATA

2.	Enter the information	requested for the	following:			
	 Each beneficial or securities of the is Each executive of and 	wner having the p ssuer; ficer and director	power to vote or dispose, or of corporate issuers and	d within the past five yea or direct the vote or dispo- of corporate general and	sition of, 10% or	
	Each general and	managing partn	er of partnership issuers.			
Ch	eck Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	ll Name (Last name first C Partners III LLC					
			d Street, City, State, Zip 03, San Jose, CA 951			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
	ll Name (Last name first orel, Adiel	, if individual)				
			d Street, City, State, Zip 03, San Jose, CA 951			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
	ll Name (Last name first amensky, Dennis	, if individual)			-	
			d Street, City, State, Zip 03, San Jose, CA 951			
Ch	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
	ll Name (Last name first etty, Paul	t, if individual)				
			d Street, City, State, Zip 03, San Jose, CA 951			
Ch	eck Box(es) that Apply:	☐ Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
	ll Name (Last name first apta, Dinesh	t, if individual)				
			d Street, City, State, Zip 03, San Jose, CA 951			
Ch	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	ll Name (Last name first	t, if individual)				
Bu	siness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

<i>iy</i>												
1. Ha	is the issue	r sold, or do	es the issu		to sell, to no						Yes	No ⊠
2. Wł	hat is the m	iinimum in		hat will be	accepted for estor Un	rom any in	dividual?				ts	
			rves the	right to	accept le	ss than t	he minii	num pui	chase re	quiremei	nt and to	issue
	onal unit		ioint owns	rohin of a	single unit?)					Yes 🖾	No □
4. En remune person o than fiv only. <u>*L</u>	ter the information for some of agent of ye (5) person isted below	ormation re solicitation a broker or ns to be list	quested for of purchas dealer reg ed are asse oker-deale	r each persers in confistered winding the persection of the issues	son who has nection with th the SEC rsons of suc er expects t	s been or wi sales of se and/or with h broker or	ill be paid curities in h a state or dealer, yo	or given, d the offerin r states, lis u may set	irectly or ing. If a per t the name forth the ir	ndirectly, a son to be lis of the brok formation	ny commisted is an ser or deal for that b	associated er. If mo
701 Ta	ama Stre		ing B, M		et, City, Sta wa 5230		e)					
				incial Se	rvices, In	ıc.						
					ends to Soli						🛛	All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last n	ame first, i	f individua	1)					<u></u>			
Busines	ss or Reside	ence Addres	ss (Numbe	r and Stree	et, City, Sta	te, Zip Cod	le)					
Name o	of Associate	d Broker or	Dealer					**************************************				
States i	in Which Pe	erson Liste	d has Solic	ited or Int	ends to Soli	cit Purchas	sers					
					s)						🗆	All State
AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		ama finat i										
Full Na	ıme (Last n	ame mrsi, i	f individua	1)								
					et, City, Sta	te, Zip Cod	e)	-10	·			
Busines	ss or Reside		ss (Numbe		et, City, Sta	te, Zip Cod	le)				141	
Busines Name o	ss or Reside	d Broker or	ss (Numbe: Dealer	r and Stree	et, City, Sta	cit Purchae	sers					All State
Busines Name of	ss or Reside	d Broker or	ss (Numbe: Dealer	r and Stree	ends to Soli	cit Purchae	sers	[DC]	[FL]	[GA]	D	All State
Busines Name of States i	ss or Reside of Associate in Which Pe heck "All S	ence Addres d Broker or erson Lister tates" or ch	Dealer d has Soliceck individe	r and Stree	ends to Soli	cit Purchae	sers					All State [ID] [MO]
Busines Name o	of Associate in Which Peheck "All S	d Broker or erson Lister tates" or ch	ss (Number Dealer d has Solic eck individ [AR]	r and Stree	ends to Soli	cit Purchae	sers [DE]	[DC]	[FL]	[GA]	[HI]	[ID]

'C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount a "none" or "zero." If the transaction is an exchange offering, check this box and indicate in t securities offered for exchange and already exchanged.						
	Type of Security	Aggregate Offering Price			Amount Alread Sold		
	Debt	\$	0		\$	0	
	Equity	\$	0		\$	0	
	☐ Common ☐ Preferred						
	Convertible Securities (including warrants).	\$	0		\$	0	
	Partnership Interests	\$	0		\$	0	
	Other (LLC Investor Units & Tenant In Common Interests)	\$	1,575,0	00	\$	1,575,000	
	Total	\$	1,575,0	00	\$	1,575,000	
	Answer also in Appendix, Column 3, if filing under ULOE.						
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		Number nvestors		Do	ggregate lar Amount Purchases	
	Accredited Investors		4		\$	1,575,000	
	Non-accredited Investors		0		\$	0	
	Total (for filings under Rule 504 only)		0		\$	0	
	Answer also in Appendix, Column 4, if filing under ULOE.		·		Τ.	-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.						
	Type of Offering		ype of ecurity		Do.	llar Amount Sold	
	Rule 505				\$		
	Regulation A				\$		
	Rule 504				\$- \$		
	Total				\$- \$		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of this offering. Exclude amounts relating solely to organization expenses of the issuer. The given as subject to future contingencies. If the amount of an expenditures is not known, and check the box to the left of the estimate.	e in	formation r	nay be	Ψ_		
	Transfer Agent's Fees				\$		
	Printing and Engraving Costs			\boxtimes	\$	20,000	
•	Legal Fees			\boxtimes	\$	40,000	
	Accounting Fees				\$		
	Engineering Fees				\$		
	Sales Commission (specify finders' fees separately)			\boxtimes	\$	110,250	
	Other Expenses (due diligence fees, marketing expenses and miscellaneous offering	exp	enses)	\boxtimes	\$	18,750	
	Total			\boxtimes	\$	189,000	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

Di	nesl	h Gupta	Managing Member of SVC P	artı	ers	Ш	LLC, Ma	nag	er o	f Issuer
Nar	ae of	Signer (print or type)	Title of Signer (print or type)							
sv	СН	orint or type) (illcrest Medical Center, LLC	Signature Duff-				Date 1/13/0	5		
505 upo	, the n wr	following signature constitutes an und	ned by the undersigned duly authorized pertaking by the issuer to furnish to the U.n furnished by the issuer to any non-accre	S. 8	Secu	ritie	s and Excl	hang	e Co	mmission
			D. FEDERAL SIGNATURE							
	Tota	al Payments Listed (column totals added	i)			⊠	\$ 1,3	36,0	000	
1,1		umn Totals500		⊠	\$	2	34,500	⊠	\$	
	Oth	ter (specify): closing and carrying costs at \$70,000	and loan fees				⊠	\$	24	,500
31	,500			Ц	P	0		×	•	
	_					0			\$ \$	0
	pur	suant to a merger)				0			\$	0
	Acq	uisition of other businesses (including t								
		· · · · · · · · · · · · · · · · · · ·	n of machinery and equipment			\$	0		\$	0
1,(000				ф	0		φ	0
					\$	0	10,000	⊠		J
	Solo	ories and fees		⋈	\$		10,000		\$	0
					Di	Offic	ers, ors &	į	-	nents To thers
ა .	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to									
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."									1,380, U(

	e. State signature							
1.	Is any party described in 17 CFR 230.252 presently subject to any of the disqualification Yes provisions of such rule?	N						
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrators of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such time as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnishes by the issuer to offerees.	ed						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.	ıg						
	issuer has read this information and knows the contents to be true and has duly caused this notice to be signed on its behal he undersigned duly authorized persons.	f						
	ter (print or type) C Hillcrest Medical Center, LLC Signature Of 4	-						

Title of Signer (print or type)

1/13/05

Managing Member of SVC Partners III LLC, Manager of Issuer

Instruction:

Name of Signer (print or type)

Dinesh Gupta

Print the name and title of the signing representative under this signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.